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JAN 28 2025	
CLERK U S DISTRICT COURT DISTRICT OF ARIZONA	
BY <u>HJZ</u> DEPUTY	

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US MARSHALS SERVICE AZ

Ann Hobart, Bar No. 019129  
Jordan Kendall, Bar No. 038647  
Assistant Attorneys General  
Arizona Attorney General's Office  
2005 N. Central Avenue  
Phoenix, Arizona 85004  
Telephone: (602) 542-8347  
(602) 542-7687  
Facsimile: (602) 542-7644  
Ann.Hobart@azag.gov  
Jordan.Kendall@azag.gov  
EmploymentLaw@azag.gov

Attorneys for Defendants

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF ARIZONA**

Matthew Phillip Solan,  
Plaintiff,

vs.

The State of Arizona; Jennifer L.  
Cunico; Michael R. Sheldon; Aaron  
Bowen, Calvin J. Flowers; Steven Kwoh;  
Kindra Ochoa, Lea'cher Carter, Unique  
Coleman; John Does 1-100; Jane Does 1-  
100; Black Corporations 1-10; and White  
Entities 1-10,  
Defendants.

Case No: CV24-02061-JJT-DMF

**WAIVER OF SERVICE OF SUMMONS**

**TO MATTHEW PHILLIP SOLAN, PLAINTIFF**

I represent Defendants State of Arizona (the State), Michael R. Sheldon, Aaron Bowen, Lea'cher Carter, and Unique Coleman (collectively, the "Represented Defendants") in this case. Plaintiff has requested a waiver of service of the summons from Defendants Sheldon and Bowen. Defendants Sheldon and Bowen, as well as Defendants the State, Carter, and Coleman, agree to waive service of process upon them. By waiving service, I understand that Defendants Sheldon and Bowen must file and serve an answer or a motion under Rule 12 within 60 calendar days from December 27,

1 2024, the date when the waiver was requested. I also understand that Plaintiff agrees  
2 that Defendants State of Arizona, Carter, and Coleman may have the same deadline  
3 (February 25, 2025) for responding to the First Amended Complaint as Sheldon and  
4 Bowen have. I further understand that if I fail to meet this deadline, a default judgment  
5 could be entered against me or the parties that I represent. Finally, I understand that the  
6 Represented Defendants will keep all defenses or objections to the lawsuit, the court's  
7 jurisdiction, and the venue of the action, but that I waive any objections to the absence of  
8 a summons or of service on Represented Defendants State of Arizona, Michael R.  
9 Sheldon, Aaron Bowen, Lea'cher Carter, and Unique Coleman.

10 Respectfully submitted this 23rd day of January, 2025.

11 Arizona Attorney General's Office

12 /s/ Ann Hobart

13 Ann Hobart  
14 Jordan Kendall  
15 Assistant Attorneys General  
Attorneys for Defendants

16 ORIGINAL mailed  
17 this 23rd day of January, 2025, to:

18 U.S. Marshall's Service  
19 District of Arizona  
401 W. Washington Street, SPC 64  
Phoenix, AZ 85003-9800

20  
21 /s/ Shelby Yates

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"


PLAINTIFF Matthew Phillip Solan	COURT CASE NUMBER CV-24-02061-PHX-JJT (DMF)
DEFENDANT The State of Arizona, et al.	TYPE OF PROCESS <i>Amended</i> Summons/Complaint/Order

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Lea'cher Carter  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
Arizona State Hospital, 2500 East Van Buren Street, Phoenix AZ 85008


SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Matthew Phillip Solan 501 North 24th Street Phoenix, Arizona 85008	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 1
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Home address: (602) 220-6100 (W) leacher.carter@azdhs.gov  
1629 W. Minton St. (602) 220-6374 (W) lea389366@gmail.com  
Phoenix AZ 85041 (602) 304-9681 (H)


Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (970) 369-9611	DATE 12/17/2024
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>08</u>	District to Serve No. <u>08</u>	Signature of Authorized USMS Deputy or Clerk 	Date <u>12/26/24</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date <u>1/28/25</u>	Time <u>1:50</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy 	

Costs shown on attached USMS Cost Sheet >>

## REMARKS

Received waiver of service of summons.

RCVD DEC26'24PM1:53  
US MARSHALS SERVICE AZ



U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Matthew Phillip Solan	COURT CASE NUMBER CV-24-02061-PHX-JJT (DMF)
DEFENDANT The State of Arizona, et al.	TYPE OF PROCESS Amended Summons/Complaint/Order
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Aaron Bowen	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 706 E Silver Fox Way, Phoenix AZ 85048	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Matthew Phillip Solan 501 North 24th Street Phoenix, Arizona 85008	Number of process to be served with this Form 285 <b>1</b> Number of parties to be served in this case <b>5</b> Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

(480) 734-3526

aaronbbowen@yahoo.com  
aaronbowenss73@yahoo.com

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

(970) 369-9611

DATE

12/17/2024

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Name and title of individual served (if not shown above)

Date

**1/28/25**

Time

**1:50**

☐ am  
☒ pm

Address (complete only different than shown above)

Signature of U.S. Marshal or Deputy

Costs shown on attached USMS Cost Sheet >>

REMARKS


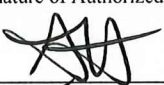

Received waiver of service of summons.

RCVD DEC26'24PM1:50  
US MARSHALS SERVICE AZ

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Matthew Phillip Solan		COURT CASE NUMBER CV-24-02061-PHX-JJT (DMF)	
DEFENDANT The State of Arizona, et al.		TYPE OF PROCESS <i>Amended</i> Summons/Complaint/Order	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Michael Sheldon		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Arizona State Hospital, 2500 East Van Buren Street, Phoenix AZ 85008		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Matthew Phillip Solan 501 North 24th Street Phoenix, Arizona 85008		Number of process to be served with this Form 285 1	
		Number of parties to be served in this case 3	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):  Home address: (602) 629-7000 (W) michael.sheldon@azdhs.gov 442 Leisure World (480) 834-7345 (H) michaelsheldon17@gmail.com Mesa, AZ 85206 (480) 570-6168 (C)			
Signature of Attorney other Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (970) 369-9611
			DATE 12/17/2024
<b>SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE</b>			
I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <u>1</u>	District of Origin No. <u>08</u>	District to Serve No. <u>08</u>
		Signature of Authorized USMS Deputy or Clerk 	Date 12/26/2024
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		Date 1/28/25	Time 1:50 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy 	
<i>Costs shown on attached USMS Cost Sheet &gt;&gt;</i>			

## REMARKS

Received waiver of service of summons.

RCVD DEC26'24PM1:51  
US MARSHALS SERVICE AZ



U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Matthew Phillip Solan	COURT CASE NUMBER CV-24-02061-PHX-JJT (DMF)
DEFENDANT The State of Arizona, et al.	TYPE OF PROCESS Summons/ <sup>Amended</sup> Complaint/Order
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN The State of Arizona c/o Kris Mayes, Attorney General	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2005 N. Central Avenue, Phoenix, Arizona 85004	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Matthew Phillip Solan 501 North 24th Street Phoenix, Arizona 85008	Number of process to be served with this Form 285 <b>1</b> Number of parties to be served in this case <b>5</b> Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office of the Attorney General  
Phoenix Office  
2005 N Central Ave  
Phoenix, AZ 85004-2926

Hours: 8AM-5PM  
(602) 542-5025 (AzAG)  
(602) 388-4640  
(602) 757-7434

kmayes@azag.gov  
kmayes@krismayeslaw.com  
kmayes7076@aol.com

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

(970) 369-9611

DATE

12/17/2024

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Name and title of individual served (if not shown above)

Date **1/28/25** Time **1:50** ☐ am ☒ pm

Address (complete only different than shown above)

Signature of U.S. Marshal or Deputy

Costs shown on attached USMS Cost Sheet >>

REMARKS

Received waiver of service of summons.

RCVD DEC26'24 PM 1:49  
US MARSHALS SERVICE AZ

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"


PLAINTIFF Matthew Phillip Solan	COURT CASE NUMBER CV-24-02061-PHX-JJT (DMF)
DEFENDANT The State of Arizona, et al.	TYPE OF PROCESS Summons/ <sup>Amended</sup> Complaint/Order

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Unique Coleman
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Arizona State Hospital, 2500 East Van Buren Street, Phoenix AZ 85008

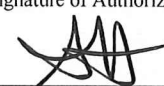
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Matthew Phillip Solan 501 North 24th Street Phoenix, Arizona 85008	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 5
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Home address: (602) 220-6374 (W) unique.coleman@azdhs.gov  
6915 S. 30th Ln.  
Phoenix AZ 85041


Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (970) 369-9611	DATE 12/17/2024
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Name and title of individual served (if not shown above)	Date 1/28/25	Time 1:50	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy 		

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### REMARKS

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US MARSHALS SERVICE AZ